

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: May 1, 2015

Please mark one: **Bill Request** or **Resolution Request**

1. Has your agency submitted this request in the last 12 months?

Yes **No**

If yes, please explain:

2. Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with Colorado Dental Service Inc., d/b/a Delta Dental of Colorado Insurance Company for employee dental insurance benefits.

This bill is requested to go before the Technology and Governance committee on **May 19, 2015**.

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

5. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Agreement for Colorado Dental Service Inc., d/b/a Delta Dental of Colorado Insurance Company to provide dental insurance in 2015 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$13,145,545.28. Contract ID#CSAHR-2015-22024

Please include the following:

- a. Duration:** January 1, 2015 – December 31, 2015
- b. Location:**
- c. Affected Council District:** Citywide
- d. Benefits:**
- e. Costs:**

7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) **Please explain.**

None known